

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-179)

SERIAL NO. 10/552129
APPLICABILITY

VALIDS DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	7		1			
2	1					
3	2					
4	15					
5	10					
6	10					
7	20					
8	20					
9	20					
10	20	7				
11	20	6				
12			1			
13			11			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
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TOTAL 100	1	↓	1	↓		↓
TOTAL 100	12	←	9	←		←
TOTAL CLAIMS	13	10				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL 100		↓		↓		↓
TOTAL 100		←		←		←
TOTAL CLAIMS						